

Faculty of Human Science  
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**The Profession of Psychotherapy in an Age of Change: The UK Experience.**

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## **Abstract**

This paper explores major changes that have been occurring in the psychotherapy profession in the UK. This includes the growing number of practitioners, increasing differentiation of the services provided, growing discrimination in the demand for psychotherapy services, shifts in popularity of types of psychotherapy – e.g. the rise in counselling and the relative decline in traditional psychoanalysis, and the emerging regulatory environment. It is argued that this reflects a period of extreme dynamism and change.

A dual context for this change is suggested. Firstly the dynamism of the political and economic structures in the UK that underpin the changes occurring in all professions in the economy. Secondly the broader cultural changes taking place in western societies that underlie changes in attitude to psychotherapy. Reference is made to movements from traditional to modern to post-modern paradigms and how psychotherapy relates to such changes.

Keywords: Psychotherapy profession, cultural change.

## **1. Introduction**

The last decade has produced many pressures upon psychotherapy. Numerous anxieties have surfaced. The speed of change in the environment has caught some organisations and many individual practitioners unaware. These pressures are forcing change. This paper will firstly describe psychotherapy as a complex and diverse service, secondly outline major changes and pressures on the profession and thirdly examine the context for their occurrence. It will selectively use social theory and political economy in order to gain an “outside” perspective on the current situation.

## **2. Psychotherapy - a complex and diverse service**

Psychotherapy is not a normal service. It is highly differentiated, available at many prices and from many quite different sources. It is not obvious of what it actually consists nor what it is intended to exactly deliver (Stevens 98 p3). Its quality and effectiveness are hard to monitor and it possesses no guarantees. It is extremely non-homogeneous possessing very little of the “sameness” that other services possess. For example a psychotherapeutic encounter with one practitioner can be very different from that with another. Few other services have these attributes, most having definable or measurable end results. The medical model has been influential in the formation of psychoanalysis but the similarity between these two services is limited. Psychotherapy, in particular, has not had consistent criteria by which it can be judged. Neither does it have an agreed theory of human nature nor any agreed methodology or practice for the relief of mental suffering. Unlike medicine it is not firmly based on the natural sciences but is increasingly a hermeneutic discipline. Training for practitioners has also traditionally been very variable. Despite considerable cost to the client

psychotherapy has, then, neither homogeneity, guarantee nor demonstrable end result. It does, however, have many benefits. Its unique service lies in its concentrated capacity to help individuals establish meaning in their lives. Few other services are so non-material. It requires no machinery while set up costs - a quiet room and select furniture - are minimal. All this is because it exists primarily, some would say only, in the mind.

The UK has had a free market structure in which psychotherapy has developed. There have traditionally been no legal restraints upon the formation or development of different schools. Training for practitioners, for example, has been decided by these schools in a decentralised and autonomous way. So unrestrained has the free market been in the UK, that it has been possible legally for practically anyone to practice as a “therapist”. Prices of services have been determined by the market and up to recently there has very little opportunity for complaint procedures by clients. This has exaggerated the already extreme individualism of the profession. One aspect of this has been an absence, up to recently, of any direct responsibility to outside bodies. It is difficult to envisage a more decentralised, non-bureaucratic free market situation for any profession. Recent developments in the UK towards registry bodies for, i.e. the United Kingdom Council for Psychotherapy (UKCP) and British Confederation of Psychotherapists (BCP) are emphasising *essential requirements* for a professional body.

Psychotherapy has developed in a specific historical situation originating in a small group concentrated upon Freud and his followers and in one century has become a large global industry. It covers numerous schools often with very different views. We can broadly classify these schools as follows: Psychoanalytic and Psychodynamic therapies; Behavioural and Cognitive therapies; Humanistic and Existential therapies; Family therapy; Group

therapy; Counselling; Clinical Psychology; Chartered Psychologists with counselling or psychotherapy qualifications.

The inclusion of the last three groups within the profession of psychotherapy may be controversial but reflects modern conditions. Ten years ago they would probably have been classed as a different profession. Taken together they outnumber, by many times, those in psychoanalytic psychotherapy. The inclusion of counselling reflects the growing importance of this branch. Clinical psychologists are also included. They do not have a “single model” orientation and the term generic psychotherapist also expresses their wide range of skills. Chartered psychologists with counselling qualifications have an academic background in psychology and can also practice. This testifies to the variety within the profession and the highly diverse nature of its services.

### *2.1 Changes in Demand and Supply of Psychotherapy Services*

Despite its non-material nature psychotherapy is firmly subject to the forces of the market and is finely attuned to its needs. This directly applies to the private sector of the profession since it can only exist in so far as there is a direct demand for its services. I use *demand* in the economist’s sense: demand at a certain price. The laws of the market in narrow economic terms, put at their most simple, are those of supply and demand which express themselves through price. If the supply of psychotherapy services exceeds their demand then, *ceteris paribus*, price falls. If demand exceeds supply then price rises. Thus, the total supply of a service is adjusted to total demand via a price. However if price does not adjust because it is held rigid by practitioners then these forces will express themselves in another way, for example through unemployment or underemployment. A simplified model of this process is

shown in the appendix. A major feature of the profession has been the fluid, expansive nature of its supply. One of the reasons for this in the UK has been the very variable “set up costs” for practitioners. An obstacle to entry into any profession is high set up costs. The lower the cost of setting up as a psychotherapist the easier it is to enter the profession implying, *ceteris paribus*, a greater supply of trainees and practitioners given the ease of entry. Now training costs are extremely variable. They are very high for a fully qualified psychodynamic psychotherapist who may have been in individual psychotherapy for many years at three to five times a week as well as individual supervision at probably twice a week at its peak. Training costs for counsellors can be a fraction of this since their period of training is shorter and its intensity lighter. In addition the profession has no clear borders and blends off into alternative therapies where training costs may be lower still. Thus the supply of new trainees into the profession, broadly defined, can multiply very rapidly. Traditional practitioners with high sunk costs of training can find themselves surrounded by very differently and less expensively qualified psychotherapists or counsellors who find it easy to either enter or leave the profession. Fluidity in a profession is influenced by ease of entry and also of exit. High sunk costs, for example in an expensive training of a Psychodynamic Psychotherapist, constitute a barrier to exit as well as entry - i.e. the more that trainees have invested in training the less willing they will be to leave the profession. Lower training costs of other parts of the profession will create easier exit possibilities. In addition the less expensively qualified entrant may tolerate, from the point of view of his/her limited investment, part-time employment far more easily than those more traditionally and expensively trained. This is a consequence of the traditionally unregulated free market nature of a profession offering such a unique intangible service provided by practitioners of variable training.

One expression of this is the different tracks within the profession - for example that of the analyst and the counsellor. It has become increasingly difficult to distinguish between the two. This distinction is not only difficult for the general public but also for practitioners in the field. (Chamberlain 1998). There is no legal separation of their roles such as exists between solicitors and lawyers, or paramedics and doctors. There is very little to legally prevent a counsellor attempting to treat a patient in a similar way to a psychodynamic psychotherapist with respect to intensity and in some cases style of work. They may also charge comparable fees. There is however a large difference in the training requirements between them. This, surely, has contributed to the rapid expansion in counselling. In 1999 there were in the UK 2,103 fully accredited British Association of Counselling (BAC) counsellors and a total 16,103 Associated Members which included students in training as well as others involved in counselling in some way, e.g. nurses, GP's, social workers etc. However there are many more thousands who are not formerly on a register but who have some qualification in counselling/psychotherapy and practice in some way. The growth in the counselling sector has been impressive. In 1994 there was a total membership of 10,400. By 1999 there were 18,206, representing a growth rate of over 75% in these five years. An estimation of total numbers in the psychotherapy profession is very difficult. However individuals registered in major organisations alone in 1989 were as follows:

UKCP	4500
BCP	1300
Chartered Psychologists (counselling qualified)	1,260
Clinical Psychologist	3,731
Counsellors (BAC fully credited)	2,103

Counsellors (BAC associates)	16,131
Total	29,025

Note: Naturally there will be a small number of practitioners registered in two organisations.

An estimate of the numbers who might be registered in other organisations than those listed above and more importantly an estimate of numbers practising but who are not properly registered is extremely difficult. A conservative estimate would at least have to double the figure. Many of these numbers are recent entrants into the profession.

The volume of psychotherapy services has then clearly been increasingly rapidly. However some argue that the demand for traditional psychoanalytic psychotherapy has not kept up with supply. Demand has been shifting to a wider variety of services than those traditionally available: i.e. demand differentiation has been occurring. Some areas of therapy have been expanding such as counselling, marriage guidance, cognitive and analytic therapy and neurolinguistic programming, while more traditional therapies have been experiencing difficulties. This expresses itself as a drop in referrals for traditional psychoanalytic psychotherapists. More seriously such imbalance will provoke crises in psychoanalytic psychotherapy organisations. Competition has intensified and the *supply* of psychotherapy and counselling services has proliferated. We therefore have an increasing differentiation of services. Parts of the profession may be saturated, i.e. oversupplied with practitioners, thus developing an imbalance between the demand and supply of psychotherapy services. In addition there is a delayed response of supply to changing demand conditions partly because it takes time for proper and reliable information to filter through to potential entrants.

There has been, in the UK as well as in some other areas in the world, a great leap in the desire to become a psychotherapist or counsellor. However training applications have been



much higher in the counselling end of the profession. At the psychoanalytical end training applications have been getting scarcer. In addition the age and gender structure of the profession has been changing. It has been becoming increasingly female and older in its membership structure. This especially applies to the traditional psychoanalytic psychotherapies. Psychotherapy has also been becoming more of a secondary and even tertiary career choice (Johns 1999).

The UK, incidentally, has had the fastest growth within the EU of self employment in the 1980s and early 1990s. There has been a massive move to small scale services, consultancies and the like, as large scale organisations (including government) have shed their surplus and often alienated, labour force. The desire to find meaningful, person-related, hopefully lucrative, home based employment will continue. Some psychotherapy and counselling organisations have expanded their trainees substantially. Have parts of the profession been experiencing a pyramid effect where a significant source of referrals to senior therapist in an organisation is from internal sources (trainees) while referrals at street level are drying up or going elsewhere? Such an imbalance would lead to obvious results - a pressure to reduce the price of services, a worsening of conditions of work, and a shake out in many and of many organisations. If the above is true then a significant section of psychotherapists will be underemployed. Some will be actually unemployed.

## *2.2 The Regulatory Environment*

The free market, despite all its power and dynamism, is a delicate mechanism. It can only function effectively within the context of law. It requires rules and protection for its survival so that it can deliver goods and services in the quantity and at the quality desired. Regulation, like law as a whole, has enabling and protective functions as well as those related to control and enforcement.

Numerous professions have become increasingly subject to regulatory requirements - often “voluntarily” imposed. The regulation of psychotherapy has proceeded apace. Let us just list a few of the major reasons that are given for this “professionalisation”.

- # Firstly training standards need to be guaranteed across the profession.
- # The profession needs to retain (in some cases re-establish) public credibility.
- # Psychotherapy has become a major industry and is no longer a small band of vocationalists. The burgeoning number of practitioners alone call out for control.
- # The differentiation of the profession needs to be balanced by central organisation.
- # Ethical principles need to be enforceable across the profession. It is absolutely right that all clients should have the right of complaint for example.
- # A profession that concerns itself with the promotion of individual insight and responsibility should not be afraid of collective responsibility.

Given the extreme individualism of the profession’s past it is understandable that some psychotherapists might resent being “obliged” to regulate. The state’s centralising dynamic involves increased surveillance. A registration body (the UKCP or BCP), after all, will have to “police” and monitor standards in the profession. These functions in turn are adopted by individual organisations which monitor and “police” their members. This contrasts very

markedly with the traditional framework of psychoanalytic psychotherapy, which seems, in retrospect, to be more like that of a group of gentleman's clubs rather than large, complex and evolving modern organisations. However, this centralisation process is one side of an equation. The modern British State is both centralising and decentralising at the same time. This is one expression of its extreme dynamism. The psychotherapy profession is a case in point. There are in modern Britain, as noted, hundreds of different forms of therapy exemplifying the differentiation of the service and the freedom of the market. This means that it has been possible with no interference from the state to form different schools of therapy and offer services freely in the open market. This is an extreme form of decentralisation. The absence in the UK of a developed insurance system for the provision of psychotherapy has further promoted this process since an insurance system can insist on certain types of therapy and qualification - a centralisation process giving legitimacy to favoured therapies and qualifications. This free market decentralising process naturally produces an opposite reaction. The very heterogeneity of the profession calls out for formalisation. Intense free market expansion has produced a great variety of new psychotherapy services with concomitant advantages and dangers. The psychotherapy profession, many feel, needs a regulatory system not least to protect itself from shadow elements of itself. Psychotherapy, it will be acknowledged, is not alone in this process. It is exactly the same story in all organisations in the public and private sector. This *sector is in change*, like all other sectors of the economy. In many ways the re-structuring within psychotherapy is happening late. Traditional psychotherapists, for example, have been the last to register. Counsellors and psychologists did it decades ago.

### **3. Context of Change**

This paper wishes to examine a dual context for changes we are observing. The first concerns political-economic changes in the UK over recent decades. The second concerns key features of the culture within which psychotherapy is embedded.

#### *3.1 Political Economy of Change in the UK*

The UK has experienced more change and disruption in the last two decades than most other industrialised nations. This affects all professions in the UK. There are many reasons for this, some of them lying in the area of political economy - here are just three.

Firstly, the UK, having fallen far behind in the economic league tables has undergone substantial re-organisation to catch up. Cost cutting, unemployment, downsizing, slimmer and flatter organisations have become commonplace. Insecurity, marginalisation of sections of the workforce, longer working hours, lower pay, greater inequality have been the results. This affects psychotherapists in a similar way since they too face greater competition, changes in working conditions and practices as well as changing demand and supply dynamics.

Secondly the Tory and Labour governments from 1979 to the present have taken radical steps to achieve these transformations. Privatisation, withdrawal of state control of the economy, competitive deregulation, more competition, de-unionisation, new regulations for professions, customer charters and the like have been some of its weapons. The result has been that every section of industry, every niche of the public and private sector has been subject to enormous

change. What has this to do with psychotherapy? Well it too is part of this process. It is one profession among many hundreds that is being shaken up. It is part of the labour force and cannot escape this change process in the collective. It is experiencing the insecurity and change that once it only heard its clients talk of.

Thirdly, the UK is a member of the European Union. It is very complex to standardise or harmonise a service like psychotherapy. But that is a probable ultimate implication of union for the profession. A Swedish psychotherapist should be able to practice in London without impediment - and vice versa. National registration is but a beginning. European psychotherapy may well, at some time in the future, be harmonised and ultimately subject to quality standards - just like other professions. This is going to be a difficult process in the UK given the multiplicity of schools and groups. Being asked to declare its communality is exactly the reverse of what UK psychotherapy has been doing for so long. Many analysts, fiercely individualistic, have prided themselves on a critical distance or suspicion of the collective. Some regard their work as a compensation for it. This position can disadvantage them when it comes to a different task: that of also co-operating with it. UK psychotherapists are facing this more intensely than elsewhere.

### *3.2 Cultural Context of Change*

The changes that are taking place in the profession of psychotherapy naturally are related to broader changes in society. We have observed some of these in the area of political economy. However deep cultural changes have been taking place in Western societies that also impact upon depth psychology. It is changes in value and belief systems that underlie the specific “crisis” of depth psychology. Social theorists have outlined three broad periods that underlie

social and cultural movements of modern and pre-modern times. A movement from one period to another could be said to constitute a “paradigm shift”. These periods have been called *traditional*, *modern* and *post-modern* orders. An alternative term for post-modern, and one preferred by the present author, is *late modernity*(Stevens 1997).

Psychoanalysis, during the course of the 20th century, became part of the collective belief system of its age since it has played a major part in shaping modern self identity (Frosch 1991). Our views of human nature, the development of character, child rearing, sexuality, relationships, family life etc. have all been profoundly influenced by psychoanalysis and depth psychology as a whole. These have given to the 20th century an idea of what its self-identity is. In so far as the collective accepted this it mirrored back to psychoanalysis its approval, thus giving it legitimacy and even, for a time, hegemony. There was thus, in this dual mirroring process, a mutual reinforcement of identity. It was a kind of marriage and was an important ingredient of the modern order - one which replaced the traditional order. The modern order, from this point of view, may be thought of as one where the autonomous individual is central and where there is a belief in progress, reason and science. It replaces the traditional order where identity does not reside in individuality but in collective values given by tradition, for example in the form of the family, church or class. Psychoanalysis was one of the tools by which modernity broke away from tradition.

However the collective is changing very rapidly. Core ingredients of modernity - for example beliefs in science, progress, reason and the autonomous individual - have been severely questioned. *Late modernity* is characterised by radical doubt and once trusted certitudes become replaced by complex dilemmas (Giddens 1991). This doubt has been extended to

psychoanalysis. Psychoanalysis no longer offers the same security in its central offering - its conception of self identity. This is despite the fact that neither depth psychology nor indeed psychoanalysis have a unified concept of the self. As the marriage falters and the mirroring ceases psychoanalysis in turn has an identity crisis which parallels that of the collective. Its effectiveness and relevance is challenged, its roots are questioned. It falls from a position of leadership to simply being one treatment method among many - and an expensive one at that. Its view of human nature becomes relativised.

#### **4. Late Modernity, Self Identity and Psychotherapy**

The historical context for these changes in psychotherapy is *late modernity*. Let us clarify a few terms. *Modernity* refers to the institutions, beliefs and values relating to the “modern world” - a scientific, rational and secular order that has core values of belief in progress, science, technology, individual rights, freedoms as well as a great stress on individuality. Modern conceptions of self identity have their origins in the industrial and political revolutions of the eighteenth and nineteenth centuries and in the reorganizations of thought in the Enlightenment and Romantic movements (Baumeister 1986). A central belief of modernity is in the *autonomous individual* with the right for self expression and fulfilment. Psychotherapy naturally addresses this area. Modernity contrasts with a *traditional order* where the individual stands not alone but within a belief and support system guaranteed by tradition, e.g. religion, extended family and social structure. The agendas of modernity include those of freedom and fulfilment which involve emancipation from the perceived restrictive and repressive orders of tradition. The notion of individuality does not have the same significance or importance in any traditional order as it does in modern consciousness.

However it is a truism to state that all has not been well in “modern” consciousness. The individual stands alone and faith in the Enlightenment project fades. Science no longer is synonymous with progress but rather with risk. A secular consciousness craves the security of a moral and value system not provided for by modernism. The impact of individualism does not stop at the demise of the extended family (with the supposed stability of tradition it offered) but extends into the heart of the nuclear family as emancipatory agendas no longer tolerate traditional roles. A modern consciousness, for example that of a mother and housewife, can look at tradition in the form of a mother’s role, and see repression, exploitation and frustration. However modern consciousness while providing emancipation does not provide deep meaning for the self. It does not provide the self with security, connection to something larger, nor a coherent value system. The individual may be emancipated but dreadfully alone. It has been frequently remarked that the forms of mental disturbance have changed over the century. Freud treated hysteria (especially female), a condition understandable within the context of a sexually repressive 19th century traditional order - repressive especially to women. Modern pathologies are those not related to repression but rather to loss or a damaged self, e.g. depression, narcissism and borderline disorders. These pathologies of the modern self represent not only the fractured families that directly gave rise to these disturbances but also the problems of the collective. One way of viewing this collective disturbance is to attempt to understand the problems of self-identity as we pass from a traditional to a modern order and from there to a post-modern one.

“*Post-modern*” refers to a reaction to modernity. There is a wide range of emotions concerning this such as a questioning of science, technology and social progress. These include confusion, emptiness, boredom, alienation, disillusion but also at times celebration



and a feeling of freedom. Frosch refers to excitement and fear of great instability in a rapidly changing order and being perpetually confronted by plurality and newness. He comments that the post-modern self ...

“is characterised by uncertainty, rapidity of change and kaleidoscopic juxtaposition of objects, people and events... finding our uncertain way through these uncertainties is a prime task for contemporary existence”. (Frosch 1991, pp 6-7).

Other writers have talked of the empty and saturated self. Cushman comments that the self in the West...

“experiences a significant absence of community, tradition and shared meaning. It experiences these social absences and their consequences interiorly as a lack of personal conviction and worth, and it embodies the absences as a chronic undifferentiated emotional hunger...(and) thus yearns to acquire and consume as an unconscious way of compensation for what it has lost : it is empty”. Cushman (1990 p600)

By implication the self seeks to fill and saturate itself. Gergen comments that ....

“the technologies of social saturation are central to the contemporary erasure of individual self... there is a populating of the self, reflecting the infusion of partial identities through social saturation... one begins to experience the vertigo of unlimited multiplicity”. Gergen (1991 p.49)

Gergen's post-modern self therefore has "introjective overload and rapidly changing identifications and disidentifications".

"Post-modern" is a useful and provocative term but this paper prefers the term "*late modernity*" used by Giddens (1991), among others. In particular it is associated with a more balanced view of the self exploring its creative possibilities as well as the negative impacts upon it in an age of extreme change.

Psychotherapy, in his view, is one of the key *abstract expert systems*, by which this exploration and construction takes place. The reflexive project of the self refers to the "process whereby self-identity is constituted by the reflexive ordering of self-narratives"(Giddens 1991 p4). The adjective *reflexive* indicates the inwards looking nature of this reflection ie. the self, as it were, reshaping itself through its ongoing narrative. From this point of view psychotherapy is not a profession communicating to the public an established post-traditional discovery of self. All therapists know, or should know, that the profession has no unified concept of self. Even within relatively homogenous sections of the profession - e.g. the psychoanalytic camp - there are very different views of the self. Psychotherapy as a whole is, however, a core part of the dialogue by which a narrative of the self, appropriate to our own age, is explored and found suitable to our needs. Psychotherapy is a key agent in providing a reflexive context for this narrative. In addition the effort to engage in self-definition or clarification in a post-modern age is not to be viewed negatively as simply a reaction to the collapse of an old order which supported identity. It is a positive act in its own right and is necessary in an age of extreme social dynamism. Giddens believes that the modern age is not especially more anxiety prone than previous ones. Its anxieties are, however, different. In particular self-identity is linked to the extreme dynamism of modern

institutions (e.g. the family and work). Instead of self identity therefore being culturally given it has to be reshaped - ie. it is a reflexive exercise. Giddens comments ...

“The reflexivity of modernity extends into the core of the self... in the context of the post-traditional order, the self becomes a reflexive project” and “... in the settings of modernity, by contrast, the altered self has to be explored and constructed as part of a reflexive process of connecting personal and social change.”(Giddens 1991 p32)

The development of psychotherapy is then linked to the social, political, economic and ideological currents of the age it has developed in. Contemporary changes in psychotherapy in the UK (or anywhere else) may be viewed in this context. An important way this relationship exists is because psychotherapy is intimately concerned with the self as are the political/economic and cultural changes alluded to. The transitions from a “traditional” to a “modern” to a “post-modern” or “late modern” consciousness are not simply events of the collective but are also interior events of the psyche and the self. Psychotherapy is therefore, by implication, deeply linked to the age we live in. Let us note some of the important aspects of this relationship.

Psychotherapy developed out of the political, economic and cultural revolutions of the period that preceded it. In an age of the decline of religion it emerged out of the revolutions of Romanticism and the Enlightenment with an intense concern for the individual, and a belief in self exploration and fulfilment. Psychoanalysis, in particular, may be viewed both as a project of the Enlightenment and as a modernist engagement with self-identity. It examined the self as a repressive mechanism with the tools of reason and science.

The grip Freud imposed upon his movement was not sufficient to keep it under his control. His claims to fundamental scientific insight into the psyche were questioned at the time (by Jung for instance) and have by the end of the century been questioned, for example with respect to the case studies that were the basis of his deductions (Crews 1991). The Enlightenment legacy may have lent itself to a “scientific” view of the self but not the Romantic tradition. The Romantic view of human nature refused to be reduced to a narrow scientific base. The concept of the self, in other words, after being liberated from the repressive confines of tradition awaited liberation from Freudian reductionism. The Freud/Jung split may be viewed in this light. The later flowering of humanist, existentialist and experientialist psychotherapies can also be viewed not only as a post-modern experience but also as a Romantic emancipation. The development across the 20th century of psychoanalysis into the broad range of therapies now available reflects an evolving awareness of the “individual” with a rich capacity for fulfilment. Smith comments ...

“the cultural focus during the present century of the autonomous self-contained individual with a rich conscious and even unconscious inner life may be partly responsible for the plurality and proliferation of psychology as a science and a profession and of personality and clinical psychology among its subfields”. (Smith 1994 in Stevens 1996 p341)

The self or self identity has become a source of meaning in its own right and is uniquely individual. Indeed Jungians actually call this the individuation process - a process of becoming actually who one is. It can't be done by text book nor by following the instructions of science. The plurality of modern therapies is a response to this post-modern engagement with the self. The intense modern concern with relationship for its own sake exemplifies this. Few other areas are so closely linked with the search for self. Psychotherapy pays enormous

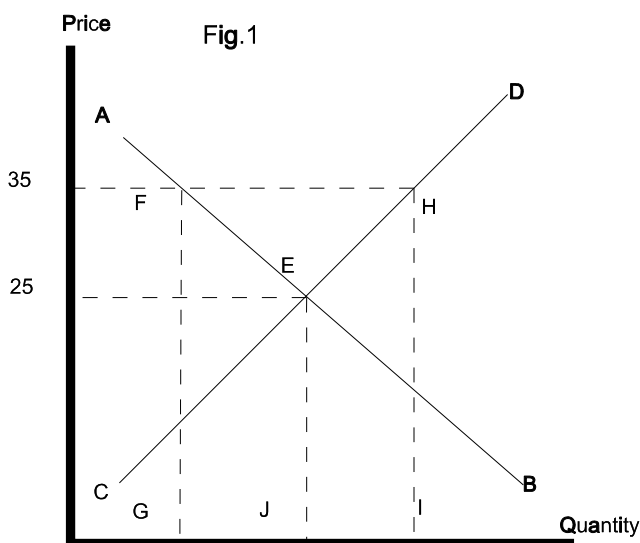
attention to the origins of self-identity in relationship - e.g. between mother and child. It is past relationships that frequently hold the key to understanding contemporary difficulties and it is in current relationships that so much of the search for self identity resides. Quite simply a great deal of psychotherapy involves individuals talking of their relationships. Self development and personality change, i.e. the search for self identity, inevitably involves the clarifying of these relationship difficulties. Now this is a contemporary concern since modern relationships are internally referential -increasingly the only thing that binds a relationship together is its own intrinsic worth to the individuals involved. In traditional societies relationships have external criteria that deeply influence their functioning, e.g. marriage may be arranged and once established may be held together by religious bonds and social pressure ie. criteria external to the relationship in itself. In addition friendships in traditional society may largely be determined by the extended family and its network. In modern societies they are chosen freely for their own sake. Another example of this close relationship between psychotherapy and modern times is that both place enormous emphasis on individuality. Psychotherapy does of course work with groups and couples. But an enormous amount of its work is with individuals and promotes the individual's self development which is also, at its best, self-referential. This implies that the source of meaning is found within the individual who ideally finds her own way and becomes her own source of authority. The patient is not referred to an external system of authority be it the therapist, a religion nor even a model of the psyche. "Good" psychotherapy helps individuals find it for themselves.

## **5. Conclusion.**

It is currently fashionable to talk of the “crisis” of psychoanalysis and even depth psychology as a whole. Theoretical attacks have been frequent, the press has been hostile, demand has dropped while supply of psychotherapy services as a whole have increased and become far more differentiated. Pressures upon the profession to prove its effectiveness, to justify its theoretical positions and to be ethically accountable are relentless. The list could go on. The word *crisis* has definite merits. However the term *dilemma* may be more useful since it allows us to think of problematic choice. We have mentioned the mutually reinforcing identity construction of psychoanalysis and the collective in the *modern order*. In the period of *late modernity* we can observe a similar yet opposite phenomenon - both psychoanalysis and the collective facing comparable dilemmas revolving around a crisis of self identity. Such key dilemmas may be viewed as polarities that pervade the collective and also the profession of psychotherapy. The exploration of such dilemmas would require another paper. However we may note a few pertinent themes (Giddens 1991): for example the search for *authority* in times of *uncertainty*, the effort to establish a sense of *legitimacy and appropriation* when experiencing *powerlessness*, and at root the search for *meaning* in a world threatened by *meaninglessness*. Dilemmas such as these that lie at the root of a contemporary identity crisis as well as the dynamics of the profession of psychotherapy.

## Appendix

Let us suppose that psychotherapy is a homogenous service. Fig.1 shows total demand as a straight line AB which shows us that the higher the price the less the service will be demanded and the lower the price the more will be demanded. Total supply is CD showing that the higher the price the more psychotherapy services will be provided and the lower the price the less will be provided. At a hypothetical price of £25 a session there is agreement (market clearing) between consumers and practitioners. A certain quantity of PP sessions, J, will be provided and demanded at this market price. If the price were to be different to the £25, say higher at £35, then there is an imbalance in the market. Practitioners are willing to supply a higher level (I) of services than consumers are prepared to pay for at this price G. At a simplified level two things can happen. Prices can reduce as excess supply of services will inevitably push down prices in a free market. However if practitioners resist this by not dropping prices then the gap GI expresses itself as unemployment or underemployment, i.e. at £35 per session therapists are willing to supply I quantity of sessions while consumers are only willing to buy G quantity. This is perhaps what is emerging in the UK psychotherapy.



## **Bibliography.**

Baumeister, R.F. (1986) **Identity: Cultural Change and the Struggle for Self.** New York: Oxford University Press.

Crews, F. (1991). **Freud.** New York Review of Books.

Cushman, P. (1990) Why the self is empty: towards a historically situated psychology, **American Psychologist vol. 45, no.5, pp.599-611.**

Eizerik, C.L. (1997) Psychoanalysis and Culture: Some Contemporary Challenges, **International Journal of Psycho-Analysis. 78, pp.789-800.**

Frosch, S. (1991) **Identity Crisis: Modernity, Psychoanalysis and the Self** London: MacMillan

Gergen, K.J. (1991) **The Saturated Self: Dilemmas of Identity in Contemporary Life.** New York: Basic Books.

Giddens, A. (1991) **Modernity and Self Identity: Self and Society in the Late Modern Age,** Cambridge: Polity Press.

Johns, J. (1999) **The Future of Psychoanalytic Psychotherapy.** British Confederation of Psychotherapist's Conference *on The Future of Psychoanalytic Psychotherapy:* 13.11.99.

Smith, M.B. (1994) Selfhood at risk: postmodern perils and the perils of postmodernism. **American Psychologist. May, pp.405-11.**

Stevens, A. (1998) **An Intelligent Person's Guide to Psychotherapy.** Routedledge.

Stevens, R. (1996) **Understanding Self.** Sage Publications.